

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF SENIORS, VETERANS, AFFORDABLE HOUSING ADVOCATES, LABOR & SOCIAL JUSTICE <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (415)389-6800 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1421884 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY SAN RAFAEL </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 94901 </div> </div>			Date of This Filing <u>08/13/2020</u> Report No. <u>LCR # 1757</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>4</u>	Date Stamp Page 1 of 4	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
07/30/2020	JAMES ROSTEN AND AFFILIATED ENTITIES Los Angeles, CA 90067 Memo Reference: INC:S497:1077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,400.00
07/30/2020	JAMES ROSTEN AND AFFILIATED ENTITIES Los Angeles, CA 90067 Memo Reference: INC:S497:1076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,400.00
07/30/2020	JAMES ROSTEN AND AFFILIATED ENTITIES Los Angeles, CA 90067 Memo Reference: INC:S497:1078	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1421884		Report No. LCR # 1757		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 4		

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07/30/2020	JAMES ROSTEN AND AFFILIATED ENTITIES Los Angeles, CA 90067 Memo Reference: INC:\$497:1079	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,400.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 4		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: INC:S497:1079

RECEIVED THROUGH AFFILIATED ENTITY: LAURELHURST DRIVE FEE OWNER LLC (10100 SANTA MONICA BLVD., STE 420, LOS ANGELES, CA 90067)

Memo Reference: INC:S497:1078

RECEIVED THROUGH AFFILIATED ENTITY: FLORIN ROAD TIC OWNE I-II LLC (21700 OXNARD ST., STE 345, WOODLAND HILLS, CA 91367)

Memo Reference: INC:S497:1076

RECEIVED THROUGH AFFILIATED ENTITY: OAKRIDGE DRIVE FEE OWNER LLC (SAME ADDRESS)

Memo Reference: INC:S497:1077

RECEIVED THROUGH AFFILIATED ENTITY: WATT AVENUE PROPERTY OWNER LLC (SAME ADDRESS)
